

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE:

CASE NO. 08-62909

Monica D. Palmer

Debtor.

MOTION FOR RELEASE OF UNCLAIMED FUNDS

The undersigned, Mark Warren, Esquire, as Deputy General Counsel for The Locator Services Group Ltd. attorney in fact for SunTrust Banks, Inc. ("Movant"), moves that this court enter an order directing the Clerk of the Court to remit to the applicant the sum of \$2,730.79 said funds having been deposited into the Treasury of the United States pursuant to order of this Court as unclaimed funds on behalf of Suntrust Bank/AC.

Movant further states that:

1. Movant is an attorney who has been retained by Claimant, SunTrust Banks, Inc. Movant has obtained an original Power of Attorney from the individual Claimant or a duly authorized representative of the business or corporation named as the creditor in the order depositing funds into the court. A Power of Attorney, conforming to the official Bankruptcy Form is attached and made a part of this motion.
2. The original disbursement was not presented for payment within 90 days after issuance, apparently, because the Claimant never received or negotiated the original check. It was likely lost in the mail due to a change of address or corporate name change.

3. Movant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other motion regarding this claim is currently pending before the court, or that any party other than the Claimant is entitled to submit a motion for this claim.

Respectfully submitted this day, Monday, November 09, 2015.

SunTrust Banks, Inc.
Claimant

58-1575035
SSN# or Tax ID

THE LOCATOR SERVICES GROUP LTD:

BY: [Signature]
Signature of Movant

Mark Warren, Esquire
Name and Title of Movant

280 Summer Street, Suite 400
Street Address

Boston, MA 02210
City and State


(617) 859-0600 ext 32
Telephone

Payment Address:

The Locator Services Group Ltd.
280 Summer Street, Suite 400
Boston, MA 02210

SUBSCRIBED AND SWORN before me this 9 day of Nov, 2015

Nancy P. Jordan
NOTARY PUBLIC in and for the State of Massachusetts,
Residing in the County of Suffolk
My commission expires: 7/9/21

 **NANCY P. JORDAN**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
July 9, 2021



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE:

CASE NO. 08-62909

Monica D. Palmer

ORDER GRANTING MOTION FOR
RELEASE OF UNCLAIMED FUNDS

Debtor.

IT IS ORDERED that, pursuant to 28 USC 2042, the Bankruptcy Clerk, Western District of Virginia, pay this unclaimed money to the order of:

SunTrust Banks, Inc.
c/o The Locator Services Group Ltd.
280 Summer Street, Suite 400
Boston, MA 02210

Dated: _____

Bankruptcy Judge
Western District of Virginia



Barbara Hall
Vice President
SunTrust Banks, Inc.
P.O. Box 4418, Center 633
Atlanta, GA 30302

LIMITED POWER OF ATTORNEY
LIMITED TO ONE TRANSACTION ONLY

SunTrust Banks, Inc. appoints The Locator Services Group Ltd., acting through its General Counsel and staff, as its lawful attorney in fact for the sole purpose of recovering or obtaining a credit of unclaimed funds or an outstanding obligation held on behalf of Suntrust Bank/AC in the amount of \$2,730.79 and held by the United States Bankruptcy Court, Western District of Virginia in the matter of Monica D. Palmer with case number 08-62909.

SunTrust Banks, Inc. grants its attorney in fact the authority to do all things reasonably necessary to recover or obtain credit of the unclaimed funds or outstanding obligation due to Suntrust Bank/AC. Such acts shall include, but are not limited to: engaging in verbal or written communication with the holder of the funds or obligation; executing and filing all documents necessary to facilitate the payment or credit of the unclaimed funds or obligation; receiving written correspondence and all other documentation relevant to the payment or credit of the unclaimed funds or outstanding obligation; and receiving possession of the payment of these funds on behalf of SunTrust Banks, Inc.

The Locator Services Group Ltd., as attorney in fact, may not make any expenditure or incur any costs on behalf of Suntrust Bank/AC or SunTrust Banks, Inc.

Signed this 16th day of October, 2015.

SunTrust Banks, Inc.

By: Barbara Hall

Barbara Hall
First Vice President - Corporate Tax

Tax ID No. 58-1575035

(Required for identification purposes)

State of GA

County of FULTON

On OCTOBER 16, 2015 before me, KEITH GORDON, Notary Public, personally appeared Barbara Hall who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

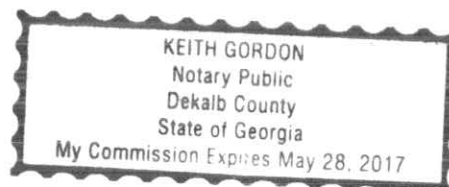
I certify under PENALTY OF PERJURY under the laws of the State of GA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Signature: Keith Gordon

My Commission Expires: MAY 28, 2017

NOTARY SEAL



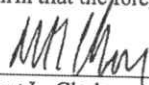


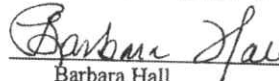
Barbara Hall
Vice President
SunTrust Banks, Inc.
P.O. Box 4418, Center 633
Atlanta, GA 30302

I, Robert L. Clarke, Vice President of SunTrust Banks, Inc., certify that Barbara Hall is the Vice President for SunTrust Banks, Inc. and, as such, is authorized to execute and deliver all documents pertaining to the recovery of abandoned or unclaimed property, and to transfer, endorse, liquidate and receive unclaimed securities and related dividends owned by SunTrust Banks, Inc., its subsidiaries, affiliates, acquisitions, and predecessor companies. Such properties or securities may be held in SunTrust Banks, Inc.'s own name or in the names of its subsidiaries, affiliates, acquisitions, predecessor companies, brand names, F/K/As and A/K/As.

SunTrust Banks, Inc.'s subsidiaries, affiliates, acquisitions, predecessor companies, brand names, F/K/As, and A/K/As, include but are not limited to, those listed on the Exhibit A attached hereto.

I affirm that the foregoing is true, under the penalties of perjury this 20 day of August, 2015


Robert L. Clarke
Vice President
SunTrust Banks, Inc.
PO Box 4418
Center 633
Atlanta, GA 30302


Barbara Hall
Vice President
SunTrust Banks, Inc.
PO Box 4418
Center 633
Atlanta, GA 30302

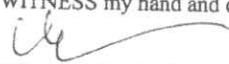


State of Georgia, County of Fulton

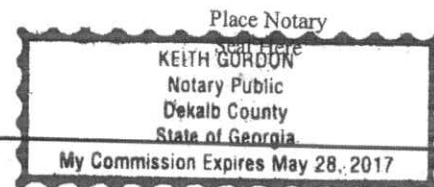
Before me, Robert L. Clarke, Vice President, personally appeared, and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Georgia that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Notary's Signature

MAY 28, 2017
Commission Expires

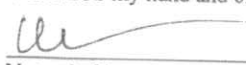


State of Georgia, County of Fulton

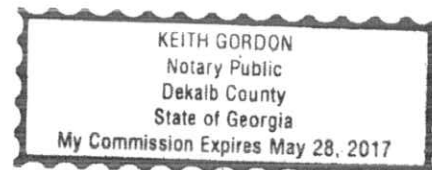
Before me, Barbara Hall, Vice President, personally appeared and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

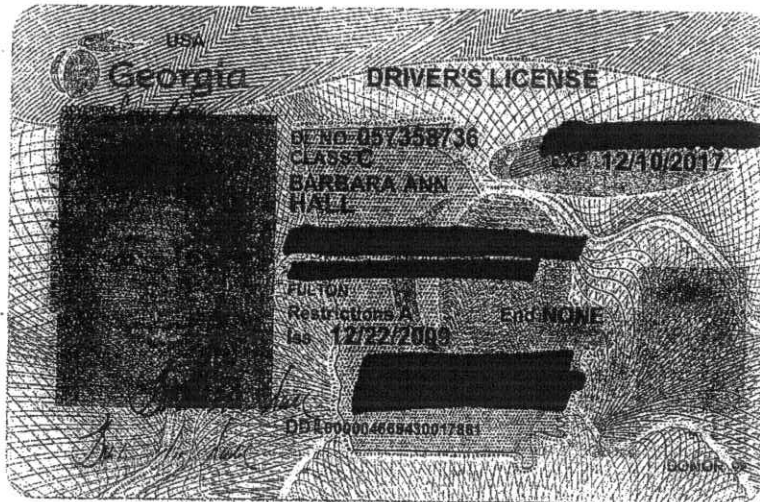
I certify under PENALTY OF PERJURY under the laws of the State of Georgia that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Notary's Signature

MAY 28, 2017
Commission expires



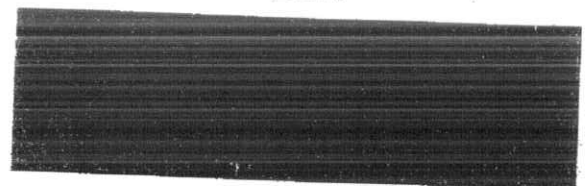


Barbara Hall, CPA, CGMA
First Vice President
Corporate Tax



SunTrust Bank
Mail Code GA-Atlanta-0633
Post Office Box 4418
Atlanta, GA 30302
Tel 404.813.0442 Fax 404.230.1071
barbara.hall2@suntrust.com

676061



Barbara Hall



Robert L. Clarke, Jr.
Group Vice President
Corporate Tax

SunTrust Bank
Mail Code GA-Atlanta-0633
Post Office Box 4418
Atlanta, GA 30302
Tel 404.588.7759
Fax 404.230.1071
robert.clarke@suntrust.com



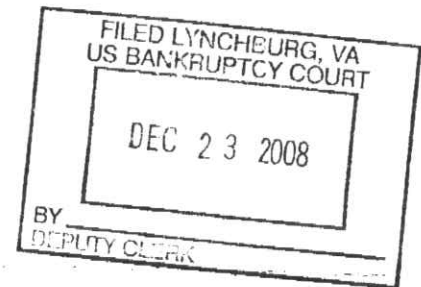
Date: 12/15/2008

U.S. BANKRUPTCY COURT/CLERK

1101 Court St

Room 166

Lynchburg, VA 24504



RE: **Palmer, Monica D**

SSN: **XXX-XX- 5269**

Case Number: **08-62909**


Dear Sir/Madam

Enclosed please find an original and two copies of our Proof of Claim for the subject borrower.

Please acknowledge receipt by certifying one of the copies and returning it to our office. Please retain the original and the other copy for your records.

Thanks you for your cooperation.

Sincerely,

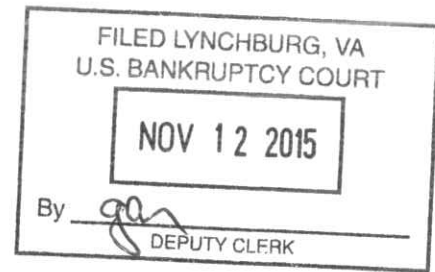

Jennifer Powers
Default Department
Bankruptcy Unit

Attachments

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT <u>Western</u> DISTRICT OF <u>Virginia</u>		PROOF OF CLAIM
Name of Debtor: <u>Palmer, Monica D</u>		Case Number: <u>08-62909</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Suntrust Bank</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>ACS</u> <u>P. O. BOX 22724</u> <u>LONG BEACH, CA 90801-5724</u>		Court Claim Number: _____ (If known)
Telephone number: <u>(310) -513-2700</u>		Filed on: _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>\$8,965.19</u>		5. Amount of Claim Entitled to priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		Specify the priority of the claim.
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).
2. Basis for Claim: <u>Student Loaned</u> (See instruction # 2 on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
3. Last four digits of any number by which creditor identifies debtor: <u>5269</u>		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Tax or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Other - Specify applicable paragraph off 11 U.S.C. § 507 (a)().
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority: \$ _____
Describe: _____		* Amount are subject to adjustment on 04/01/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Value of Property: \$ _____ Annual Interest Rate _____ %		
Amount of arrearage and other charges as of time case filed included in secured claim,		
If any: \$ _____ Basis for perfection: _____		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>\$8,965.19</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING		
If the documents are not available, please explain.		
Date: <u>12/15/2008</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attached copy of power of attorney, if any. <u>Jennifer Powers</u> Jennifer Powers Default Representative	FOR COURT USE ONLY FILED LYNCHBURG, VA US BANKRUPTCY COURT DEC 23 2008 BY <u>[Signature]</u> DEPUTY CLERK

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE:

CASE NO. 08-62909

Monica D. Palmer


AFFIDAVIT OF SERVICE
AND CERTIFICATION

Debtor.

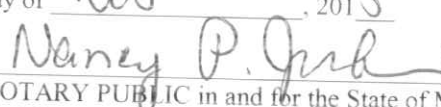
I, Mark Warren, Esq., as Deputy General Counsel of The Locator Services Group Ltd., attorney-in-fact for Claimant, SunTrust Banks, Inc. certify that the statements in the foregoing motion are true and correct.

Notice is hereby given to the court that on Monday, November 09, 2015, the U.S. Attorney for the Western District of Virginia, whose address is 310 First Street, S.W. Room 906, Roanoke, VA 24011, was advised, via U.S. Postal Service, that The Locator Services Group Ltd, as attorney-in-fact for SunTrust Banks, Inc., has today, filed a motion seeking the release of unclaimed funds in the amount of \$2,730.79 held in the above named case on behalf of payee, Suntrust Bank/AC.

Respectfully Submitted:


The Locator Services Group Ltd., attorney-in-fact
Mark Warren, Deputy General Counsel

SUBSCRIBED AND SWORN before me this 9 day of Nov, 2015


NOTARY PUBLIC in and for the State of Massachusetts
Residing in the County of Suffolk.

My commission expires: 7/9/21

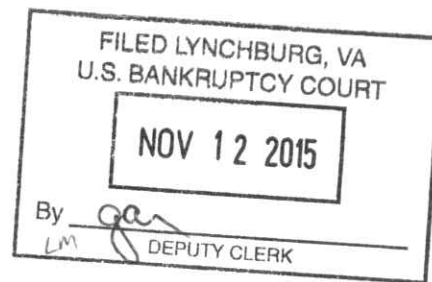


NANCY P. JORDAN
Notary Public
Commonwealth of Massachusetts
My Commission Expires
July 9, 2021

TLSG The Locator Services Group Ltd.

Monday, November 09, 2015

United States Bankruptcy Court
Attention: Financial Administrator
1101 Court St., Room 166
Lynchburg, VA 24504



RE: Application for Payment of Unclaimed Funds

Case Number: 08-62909
In Re: Monica D. Palmer
Creditor: Suntrust Bank/AC
Amount: \$2,730.79

Dear Financial Administrator:

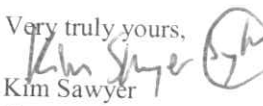
I have been granted a Limited Power of Attorney to assist SunTrust Banks, Inc. with the recovery of the above referenced funds on deposit in the Court's Treasury/Registry. Enclosed please find a Motion for Payment of Unclaimed Funds, the Affidavit of Service and a proposed Order for Payment of Unclaimed Funds. In addition, you will find the Limited Power of Attorney and the required supporting documentation verifying that our client, SunTrust Banks, Inc., is the rightful claimant authorized to receive these funds.

It is my understanding that the Court would like to be furnished with the following information regarding the Creditor/Claimant:

Creditor:	Suntrust Bank/AC
Current Address:	SunTrust Banks, Inc. PO Box 4418 Center 633 Atlanta, GA 30302
Claimant's Tax ID:	58-1575035
Authorized Signatory:	Barbara Hall
Title:	First Vice President - Corporate Tax
Phone Number:	(404) 813-0442

If you have any questions or require any additional information, please feel free to contact my law clerk, Patrick Nichols, at 617-859-0600, extension 32. Thank you very much for your time and assistance.

Very truly yours,


Kim Sawyer
General Counsel

cc: Office of the United States Attorney
Western District of Virginia
310 First Street, S.W. Room 906
Roanoke, VA 24011